

North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405
Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director
(919) 733-3983

August 24, 2004

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES, AREA MENTAL HEALTH
DIRECTOR, HEALTH DEPARTMENT DIRECTOR, and DEPARTMENT ON AGING
DIRECTOR

ATTENTION: Adult Services Staff

SUBJECT: New Guardianship Training

The Division of Aging and Adult Services is pleased to announce the workshop, **Guardianship: Decision Making, An Ethical Perspective** will be offered in four locations across the state during FY 2004-2005.

This new 2-day workshop is designed for guardian representatives, such as program managers, supervisors, social workers, case managers, nurses, and others who work with wards and their families. The workshop provides an opportunity for in-depth discussion about the guardian/guardian representative's legal and ethical obligation to make reasoned and principled decisions in the best interest of wards; how to apply guidelines, principles and approaches to facilitate informed decisions based on the ward's values, preferences, and beliefs; and the importance of documentation to limit the guardian/guardian representative's liability.

Completion of basic guardianship training, Guardianship: A Systematic Approach and Guardianship: Planning Services With Wards and Their Families are prerequisites for attending this workshop.

Faculty for these workshops will include a medical ethicist, attorneys, and human services professionals. The dates and locations for the workshops are listed below. Each workshop will begin at 9:00 AM and end at 4:30 PM on both days. Check-in is at 8:30 AM.

Workshop Locations and Dates

January 20 – 21, 2005

Robeson County Public Library
Osternect Auditorium
101 N. Church Street
Lumberton, NC

February 17 – 18, 2005

Craven County DSS
2818 Neuse Boulevard
New Bern, NC

Dear Director
Subject: New Guardianship Training
August 24, 2005
Page 2

March 17 – 18, 2005

Forsyth County DSS
741 Highland Avenue
Winston-Salem, NC

May 26 – 27, 2005

Asheville-Buncombe Technical
Community College
340 Victoria Road
Asheville, NC

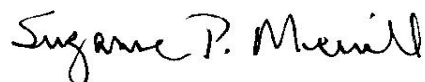
Participants must register for these workshops, although there is no registration fee to attend these workshops. Registration information is attached. Please duplicate the registration information as necessary if more than one person from your agency plans to attend a workshop. It is important that all information on the registration form be completed. Substitutions may be sent for staff who have registered for a particular workshop and are unable to attend; however, names and identifying information must be submitted to the Adult Services Section two weeks prior to the date of the specified workshop.

A maximum of thirty (30) participants will be accepted for each workshop site. Registration will be accepted on a first come, first served basis. Prior to the workshops, participants will be sent a confirmation letter and directions to the workshop site. Suggestions about overnight accommodations will be provided, when this information is available.

Please share this information with the appropriate staff and mark these dates on your calendars. If you have questions, or need additional information about the content of the workshops, please contact Rosalyn Pettyford, Guardianship Program Consultant at (919) 733-3818. County departments of social services may contact their Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To insure registration at a selected site, send your registration as soon as possible. The registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, 325 N Salisbury Street, 2405 MSC, Raleigh, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Sincerely,



Suzanne P. Merrill, Chief
Adult Services Section

SPM/rp

Attachments

AFS-12-2004

Adult Services, NC Division of Aging and Adult Services Registration Form
(Forms faxed or mailed prior to the date registration opens will NOT be considered)

Have you attended the prerequisites for this training event?

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: _____

MI: _____

Last Name: _____

If you have ever registered for a training under a different name, what is that name?

"Goes By" Name: _____

Social Security Number: _____

Gender: ☐ Female ☐ Male

(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American

☐ Latino/Hispanic

☐ Asian/Pacific Islander

☐ Native American/Eskimo

☐ Mixed Race

Home Phone (please include area code):

() _____

Work Phone & Extension (please include area code):

() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____

GUARDIANSHIP: Decision Making, An Ethical Perspective

AGENDA

DAY ONE

8:30 AM	Check-In
9:00	Welcome/Introductions
9:30	Values Clarification
10:45	BREAK
11:00	The Guardian, Surrogate Decision Maker and Advocate
11:15	Standards/Principles for Ethical Decision Making
12:00	LUNCH (On Your Own)
1:00	Video: Bill Moyers "On Our Own Terms"
1:30	Decision Making for Guardians: An Ethical Perspective
2:45	BREAK
3:00	Case Based Discussion Case One: Futile Care? Case Two: Double-Effect Death Case Three: Implementing Advance Directives
4:30	Adjourn

DAY TWO

8:30 AM	Check-In
9:00	Decisions/Choices/Risky Behaviors
10:00	Skills Practice
10:45	BREAK
11:00	Written Guidelines/Procedures
12:00	LUNCH (On Your Own)
1:00	Written Guidelines/Procedures Skills Practice
2:45	Break
3:00	Documentation and Confidentiality
4:30	Adjourn